CLAIM BY NONRESIDENT ALIEN INDIVIDUAL

NAMES MUST BE LEGICLY
TYPED OR PRINTED

TO BE FILED FOR PURPOSE OF CLAIMING EXEMPTION

IN CONNECTION WITH THE DEDUCTION OF INCOME TAX ON COMPENSATION EARNED IN THE UNITED STATES

For Calendar Year 1928

EMPLOYER	EMPLOYEE
Name	Name
Street	Street
City State	City State
Date claim received by employer	(The address in the United States should be given above, if any
	TIONS
1. Of what country are you a resident?	
If you are a resident of Canada or Mexico, state how many de under 18 years of age or incapable of self-support because n their chief support from you on the last day of the taxable	pendent persons (other than husband or wife) nentally or physically defective were receiving year?
	EIVED FROM SOURCES WITHIN THE UNITED STATES
Personal exemption (amount allowed a nonresident alien, wheth	er single, married, or the head of a family) \$ 1,500.00
Credit for dependents, if a resident of Canada or Mexico (see I	nstructions below)
	Total credit claimed
Compensation for labor or personal services (state name and ad	
Other income (state nature of income, and name and addres	s of person from whom
received):	
•	
Total income received during the taxable year from source	es within the United States
	ne received)\$
	UCTIONS
ents it a resident of Canada or Mexico, he shall file with his eduly executed under oath, which will entitle him to have a tax services actually performed in the United States in excess of the 1½ per cent on the first \$4,000, 3 per cent on the second \$4	Is chief support from him if such dependent is under 18 years ally defective. It, desires to claim the personal exemption, and credit for dependently on the composition of this form withheld from income attributable to compensation for personal exemption and credit for dependents at the rate 1,000, and 5 per cent on the amount in excess of \$8,000.
	DAVIT
beller true and complete.	onnection with this claim, are to the best of my knowledge ar
(If claim is made by agent, the reaso	n therefor must be stated on this line)
Sworn to and subscribed before me this	(Signature of employee or agent)
day of, 192	
102	(Address of agent)
(Signature of officer administering cath)	(Title) 214496 communicative extension reserving